

# We Need More and Better Docs

By Joshua Lederberg

"TO MOST AMERICANS, medical education is as remote from everyday life as the Ecumenical Council's deliberations of deicide," said Greer Williams of the Rockefeller Foundation in a discussion on how to fill the physician gap which appeared in Science magazine recently.

## Science and Man

Certainly, while the simile is ironic, the effectiveness of medical education has the most direct impact on the health and happiness of everyone.

Do we need more doctors? Williams faults "the health manpower experts (who) have begged the question of shortage." But everyday experience has proved the point, not only because medical progress saves lives of people who then need more care, but especially because our standards of scientific precision in medicine and health and longevity have constantly risen.

"If the entire Nation were as well supplied as New York, California and Massachusetts, we would need over 400,000 doctors, higher by nearly 50 per cent than the 275,000 we have now. But the figure is perhaps meaningless without an analysis of what kinds of doctors are needed," Williams said.

The last point is obscured by his criticism of an "ivory-tower conception of scientific education in medicine, a setting in which scholars investigate the diseases of their patients and render their greatest service through the discovery and imparting of knowledge helpful to humanity."

This quotation is, in fact, the ideal image of several of the university-centered schools, particularly private institutions, that by general consensus set the Nation's standards in medical education; Johns Hopkins, Har-

vard, Stanford, Yale, Michigan and others.

WILLIAMS CRITICIZES this concept for neglecting the obvious requirement for craftsmen of medicine—the troops on the front line—who are so badly needed to bring the existing art to the healing of the lame and diseased. He proposes that the excellent institutions exploit the economies of scale that might make it cheaper to expand existing schools than starting new ones.

His approach is already embodied in the guidelines of existing Federal legislation, which provides a token start to support facilities for medical education. The peril is, of course, the erosion of quality for the sake of numbers—the willingness to be contented with some of the "good" (as opposed to excellent) candidates that Williams feels are now deprived of a place in medical classes.

It seems to me that Williams has contradicted himself. He emphasized that the physician gap consists of several distinct problems, but then pressed for the solution to the one problem of overwhelming numbers as a way to solve most of them.

Much disease now is iatrogenic, actually a backwash of excessive and imperceptive use of drugs. Many of my colleagues wonder, then, whether we do not have too many physicians — too busy and preoccupied, to evaluate the churning battery of drugs thrust at their attention via the glossy trade journals.

We should increase the numbers of doctors, if that would give back to the individual physician the time he needs to follow his conscience in constantly relearning contemporary medicine.

This is surely a better answer than making the Food and Drug Administration the doctor's parole officer.

We must be careful to recognize that providing medical education causes several problems. Different institutions must innovate their styles and find their roles if the system is to remain intact. The coexistence of an elite Harvard College and huge state universities creates no paradox. The smaller institutions can set standards, experiment with new forms and provide academic leadership for the rest of the system.

OPEN DEBATE on the goals and principles of medical education is overdue, if

only for public understanding. It may also help to expose some of the rigidities that historical guild attitudes have imposed, which interfere with the discrimination now needed for application to the wide variety of functions for which medical training is relevant.

The diversification of style and goal among different institutions is probably the most effective way to pursue this inquiry.

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